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Rota Hospital Deploys to Uganda To Support MEDFLAG-02  
By Lt. James Morris, Nurse Corps, and Lt. Gerardo Cruz,  
Medical Service Corps, U.S. Naval Hospital Rota, Spain  
ROTA, Spain - A medical support team from U.S.  
Naval Hospital Rota was in Uganda recently in as part of  
MEDFLAG-02, a joint (multi service)-combined (multiple  
country) medical training and civic assistance exercise  
conducted annually by U.S. European Command.

The exercise provide mobility training and  
operational experience for U.S. medical units.

The Rota team was supported by personnel from U.S.  
Naval Hospitals Naples and Sigonella, Italy, as well as  
the Naval Ambulatory Care Center, Newport, R.I.

In addition to Uganda, partner nations included:  
France, Netherlands, South Africa, Morocco, Rwanda,  
United Kingdom, and Kenya.

The team conducted a three-phase exercise that  
lasted 14 days. Phases included training for mass  
casualties and disasters, humanitarian treatment and a  
simulated mass casualty exercise.

The Rota team was lead by Cmdr. John Clayton,  
Medical Corps. Lt. Gerry Cruz, Medical Service Corps,  
was the mass casualty team chief and coordinator for  
Navy medical participants.

Cruz coordinated the training of 140 host nation  
participants in disaster preparedness and held the  
first-ever mass casualty drill in the Soroti district of  
Uganda. The drill included members of the local police  
and fire departments, doctors, nurses, Red Cross  
personnel, Soroti Hospital staff and personnel from the

Ugandans' People Defense Forces (UPDF).

More than 3,000 men, women and children received medical care over a five-day period from specialty services including dental, obstetrics and gynecology, family practice, emergency care, pediatrics, and ophthalmology.

"As a pediatrician, I enjoyed working with the children the most," said Lt. Cmdr. Matthew Southwick, Medical Corps. "They literally welcomed us with open arms. The opportunity to work with Ugandan medical personnel was extremely valuable. I feel that we benefited from the experience and medical education as much, if not more, than the Ugandan people benefited from our health care."

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Muddy Boots March Into Branch Clinic Millington

MILLINGTON, Tenn. - The muddy boots that are symbolic of Navy Medicine's mission of Force Health Protection are in a place of honor and visibility at Branch Medical Clinic, Mid-South in Millington. Front and center in the clinic lobby is a hand-built custom display case holding the muddy boots backed with an American flag.

But the muddy boots aren't alone. With them stands two other sets.

"We expanded the muddy boots theme to include deck boots and aviation boots," said Master Chief Hospital Corpsman Robert J. DiGirolamo, the clinic's senior enlisted advisor. "We wanted to represent all the personnel we serve, no matter if they're on land, sea or in the air."

Navy Surgeon General Vice Adm. Michael L. Cowan, Medical Corps, unveiled the boots as the symbol of Navy Medicine's four-pillared primary mission - Force Health Protection. The first is "filling" the muddy boots with hyper-fit, hyper-healthy Sailors and Marines. The second is deploying with those muddy boots and treating those who fill them wherever they are. The third is treating the family members of those who fill those muddy boots. The fourth is treating our retirees and their families, those who served this country by filling those muddy boots and the family members who supported them while they did.

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Navy Medical Treatment Gets Wheels

By Brian Badura, Bureau of Medicine and Surgery

WASHINGTON, DC - Navy military treatment facilities (MTF) are modeled to provide top quality medical care. But In light of the threats posed by the war on terrorism, what happens if the MTF comes under attack and can't see patients in their traditional brick-and-mortar setting? The answer may be coming down the road,

literally.

Navy staff members at the Office of the Attending Physician (OAP) at the United States Congress recently invited a team from the Navy Medicine Office of Homeland Security to get a sneak peek at their latest acquisition - a 40-foot medical response vehicle, staffed by Navy and civilian medical personnel. It can be activated to provide care for anyone in need in the event of an emergency in the U.S. Capitol area.

The Office of Homeland Security is investigating the vehicle as a potential resource to be used in the event MTFs are faced with chemical or biological attacks.

"A main impetus for acquiring this vehicle was the events of Sept. 11," said Rear Adm. John Eisold, Medical Corps, the Attending Physician to Congress. "It allows us to transfer the capabilities of our regular facilities to a mobile unit that can treat a variety of medical conditions."

Although it looks like an ordinary civilian recreational vehicle, the medical response vehicle is all business. Inside, there are exam rooms for treating patients, along with a lab and toilet facilities. The interior design creates a smooth flow of patients, who enter through doors on either end of the vehicle and exit amidship.

"From a corpsman's perspective, the design of the vehicle is awesome," said Hospital Corpsman Second Class Joe DiClaro, x-ray technician in the Office of the Attending Physician (OAP) and driver of the mobile medical unit. "Everything is well laid out, which helps to maximize our efficiency in a crisis situation."

Packed into the vehicle are many features, including a 10,000-watt generator, a 100-gallon fresh water tank, wheelchair lift, three air conditioning units, three satellite linked televisions and capacity for eight telephone lines. There are also computers for accessing medical records and the walls are designed to double as dry erase boards.

While the ideal staff would include a physician, a nurse, a lab technician and a driver, the unit can be fully mobilized by just two staff members. It can be mobilized in as little as ten minutes.

The prototype vehicle was specifically designed for the medical support mission of the OAP, but the design holds many possibilities for those requiring a mobile capability in their roles in responding to all types of hazardous events.

"Our medical facilities need to have a continuity of operations plan in place to address command and control functionality as well as maintaining patient care in a disaster when our normal facilities may not be available," said Cmdr. Reginald McNeil, Medical Service Corps, head of the disaster preparedness vulnerability

analysis training and exercise program (DVATEX) at Navy Medicine's Office of Homeland Security. "A mobile capability like this could be another tool for MTFs to help ensure we maintain readiness awareness in a crisis situation."

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#### Navy Medicine Cares for Own at LA Trauma Center

LOS ANGELES - Navy Medicine has a collaborative agreement with the Los Angeles County Medical Center where Navy nurses, physicians and corpsmen rotated into the hospital's emergency room to get hands-on experience in trauma care since Navy facilities during peacetime don't get many trauma cases. The rotation allows them to treat patients with injuries ranging from gun shot and knife wounds to blunt instrument trauma.

Their rotational training took on a new urgency last week when they ended up treating one of their own.

A Marine corporal on leave visiting his family in Los Angeles was on the wrong end of an altercation with thugs. His hand to hand combat skills may have been better than his assailants, but they were no match for a revolver.

Rushed to the county medical center, the Marine was greeted by a Navy corpsman and two Navy nurses. He was taken to the operating room accompanied by surgeon Cmdr. Rob Hinks, Medical Corps. Anesthesia was administered by a Navy anesthesiologist and received post-operative care Navy personnel.

The wounds were very serious, but due to the skilled trauma treatment provided by the Navy team at the Los Angeles medical center, it's expected that the Marine will recover and continue his military duties.

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#### Medical Reservists Sponsor Wisconsin's Boss Lift By Journalist Seaman Pat Migliaccio and Journalist Seaman Dorothy Horvath, Navy Office of Information Detachment 713, Milwaukee

MILWAUKEE - Employer support is critical for members of the Naval Reserve. To help their civilian bosses understand the importance of their Reserve duties, members of Fleet Hospital 500 Combat Zone 23, Detachment J in Milwaukee executed the first ever Navy Boss Lift in Wisconsin.

The goal of the Boss Lift program, which is coordinated by Employer Support for the Guard and Reserve (ESGR), is to give employers an up close look at what Reservists do when they train away from their civilian jobs.

The day was kicked off with remarks to the 25 employers by unit's commanding officer, Cmdr. Victor Hall, Medical Service Corps.

"The dedication of Reservists is to be commended,"

said Hall. "They all work very hard and it is important that employers support the Reserve so we are able to perform our jobs successfully. We do this for patriotism, love of country and camaraderie."

The employers then boarded an Air Force C-130 cargo plane for a 45-minute flight to Army training facility Fort McCoy near Tomah, Wis. A display of medevac helicopters, troop carriers, ambulances, Humvees, and other equipment greeted them. They then traveled by military convoy to a field hospital exercise already in progress. They observed the critical role Reservists play in the medical field and learned that more than 50 percent of Navy Medicine is comprised of Reservists.

The day included many static and hands-on displays showcasing various tasks and duties. Employers had the opportunity to experience METI-MAN, a computerized mannequin that aids in training by responding to medical treatment as a real person would.

Another display demonstrated Military Operation Procedure (MOP) and the various levels of contamination responses to a chemical warfare threat.

At lunch, employers were treated to pre-packaged Meals Ready to Eat (MRE) field rations. They also had a chance to drive the Humvees and military ambulances from a simulated battle scene where wounded are first assessed to a mock medevac site.

"I really enjoyed the ride in the C-130 and driving the Humvee," said Joan Vicko, a nurse at Ingalls Hospital in Harvey, IL. "I had no idea how much you guys (Naval Reservists) do. I have a lot of gratitude for your sacrifices."

"It's been a wonderful day!" added Mary Brunn, an intensive care nurse at the Veterans Administration Hospital in Milwaukee. "The Boss Lift was very informative and it has been the chance of a lifetime to experience this. I have five staff nurses who are Reservists and have great empathy for the enormity of what they do."

Prior to the flight home, Hall concluded the Boss Lift with a question and answer session and some closing remarks.

"We aren't just weekend warriors," Hall explained. "We do something virtually every day. Thank you for giving us this opportunity to reinforce the reasons why Reservists sometimes need to miss work. We need to stay ready."

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HSO Jacksonville Sailors Provide Sweat to Habijax House  
By JOC Bill Austin, Naval Healthcare Support Office  
Jacksonville, Fla.

JACKSONVILLE, Fla. - Sailors from the Naval Healthcare Support Office (HSO) at NAS Jacksonville rallied together to help make a dream come true for new

homeowners of a Habitat for Humanity house in Jacksonville.

On Sept. 20, eleven HSO volunteers met at the downtown brick building of Habijax, the local chapter of Habitat for Humanity International, to receive their assignments.

The HSO Sailors were assigned to an unfinished Habijax house, which now stands out like a shining star in a neighborhood that lost its glimmer long ago. Old cars litter many front yards here, and uncut grass and tall weeds cover trash and other dirty collections lying beneath. New homeowner Dahlia Greathouse isn't concerned about any of that, though.

"This is a dream come true," said Greathouse. "It is so nice for you all to come and volunteer your time for us."

HSO Sailors didn't waste any time rolling their sleeves up for the day ahead. The day's task was landscaping and interior painting.

"I wanted to do something to help out," said Hospital Corpsman Katherine E. McBride, as she dipped her paintbrush.

HM2 Wilmer Sanders spent his day outside planting flowers and trees.

"This is the second time that I have volunteered for Habijax, and I think it's a great program," he said as he brushed some dirt off his hands.

Later in the day, neighbors began to peek out of their houses to look at the transformation taking place. One shirtless man walked out of his house in the afternoon sun rubbing the sleep out of his eyes. He probably summed up the efforts of the HSO group best when he said with a serious look, "you done good."

Habitat for Humanity International is a nonprofit worldwide housing organization that invites people of all backgrounds, races and religions to build houses together in partnership with families in need. Habijax is a part of the international organization and has built 1,000 houses in Jacksonville. HSO Sailors regularly volunteer with the organization.

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Jacksonville Domestic Violence Resource Ready  
By Kaylee LaRocque, Naval Air Station Jacksonville

JACKSONVILLE, Fla. - After months of research, interviews and rewrites, a new resource guide is hitting the Navy streets of Jacksonville to help educate medical personnel dealing with domestic violence cases.

The guide, which was put together by volunteers, including personnel from Naval Hospital Jacksonville, is an updated revision of a previous one originally published as part of the Jacksonville Mayor's Task Force on Domestic Violence.

The original task force was created in April 1997

by Mayor John Delaney to identify resources for domestic violence victims, determine gaps in services and to make recommendations on how to fix the problems.

"At that time, there wasn't much cooperation between the agencies working the cases and the various organizations that handled these types of situations," said Patti Tebow, a counselor at the Jacksonville FFSC, who has been involved with the task force since it originated. "There were a lot of us from the base who volunteered for the task force."

After several years of investigating to determine the extent of the problems within the system, a report was published in October 1998 stating the recommendations that were to be made.

"We put together this guide based on months and months of research, interviews and guidance from experts," said Tebow. "It was originally published four years ago as a supplement to Jacksonville Medicine Magazine which is published by the Duval Medical Society."

As the years pass by, information changes.

"We felt we needed to update our guide this year, so for the past six months a small group of task force members have been working on the new version. Our original guide has gone from 15 pages to 26," said Leslie Freeman, a counselor at FFSC.

Tebow said that 5,000 copies have been printed and will be distributed throughout the community.

"Right now, our goal is to get this resource guide into the hands of everyone in the area who may deal with domestic violence cases to use as an education tool," said Tebow. "Eventually, we'd like to see it being used nationwide."

One of the first organizations to take advantage of the new guide was Naval Hospital Jacksonville.

"We purchased 250 of the resource guides to be distributed to all our clinics. The product is really wonderful. The staff here shares the concern with the City of Jacksonville and is heavily invested in curbing domestic violence cases," said Capt. John Sentell, Medical Corps, executive officer of Naval Hospital Jacksonville.

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New Civilian Outpatient Billing Procedures Begin Oct. 1  
By U.S. Naval Hospital Yokosuka Public Affairs

Beginning Oct 1, 2002, Navy military treatment facilities, including U. S. Naval Hospital Yokosuka, Japan, will begin new outpatient billing procedures for civilian "pay patients." The Department of Defense has instituted itemized billing for reimbursable services at all Navy, Air Force, Army, and Veterans Administration facilities.

The new billing procedure is particularly helpful

to DoD civilians serving overseas, such as at Naval Base Yokosuka.

Prior to Oct. 1, patients received one "bulk bill" based on an average of costs. Pay patients with a simple medical complaint got the same bill as someone with a chronic, costly condition. But now, "pay patients" will be billed for individual services, medications and tests.

Patients and insurance companies have urged the new procedure for years as a fair and streamlined way of billing. It is also expected to decrease confusion about what is a chargeable follow-up visit. Each visit and service will be listed individually and charged appropriately.

As the new processes are implemented, there may be a slight delay in billing procedures.

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#### DoD/VA Program Tests Prescription Refills for TRICARE Beneficiaries

WASHINGTON, Dc - The Department of Defense (DoD) Military Health System and Department of Veterans Affairs (VA) have joined forces to provide TRICARE beneficiaries with a new pharmacy benefit that delivers prescription refills by mail.

The DoD/VA MTF Refill Mail Service (MRMS), a joint initiative with the VA's Consolidated Mail Outpatient Pharmacy (CMOP) program, is ramping up at three sites - Naval Medical Center, San Diego; Darnall Army Community Hospital, Fort Hood, Texas; and the 377th Medical Group, Kirtland Air Force Base, N.M. The one-year pilot program is expected to be fully operational at the three demonstration test sites beginning October 2002.

"To use the MRMS, beneficiaries must fill their original military or civilian prescription at one of the above military treatment facilities (MTFs) first," said Army Col. Bill Davies, director, DoD pharmacy programs. "In most cases, beneficiaries at these sites will not have to leave their homes just to refill a prescription. All they have to do is pick up the phone, call the pharmacy that has their original prescription, select the refill by mail option, and CMOP does the rest."

Most prescriptions can be delivered within five to eight days. There are, however, some medications (such as controlled substances) that may not be available for delivery through CMOP. The refill call-in system at each of three demonstration sites, will inform the beneficiary if their medication is available for mail out under the MRMS pilot program. To eliminate delays processing or delivering refill medications, beneficiaries should check with their MTF to ensure their eligibility status and home address listed in the MTF's Composite Health Care System (CHCS) electronic record are the same as the information listed in Defense



Enrollment Eligibility Reporting System (DEERS).

"The VA has more than 40 years of success providing eligible military veterans refills of prescription medications by mail," said John Ogden, chief consultant, VA pharmacy benefits management group. "The pilot program will test the impact of DoD shifting some of its pharmacy refill workload to various regional CMOP pharmacies operated by the VA," Ogden said.

The MRMS/CMOP is different from the DoD National Mail Order Pharmacy (NMOP) program, which dispenses prescription medications to TRICARE beneficiaries. Beneficiaries using NMOP pay a copayment for each prescription filled. The DoD/VA CMOP does not require copayments and only involves MTF refills.

"CMOP is an excellent example of two government agencies working together to provide high quality, cost-effective health care for its beneficiaries. If successful, the pilot program may lead to future expansion to TRICARE beneficiaries worldwide," Davies said.

The telephone numbers for the refill pharmacies at the demonstration sites are as follows: Darnall Army Community Hospital, Fort Hood Texas, (800) 351-3636 or (254) 288-8911; the Naval Medical Center, San Diego, Calif., 619-532-8414; and the 377th Medical Group, Kirtland AFB, N.M., (505) 846-5770 or (800) 752-7990 (This toll-free refill line accepts calls from the state of New Mexico only).

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Healthwatch: Leukemia and Lymphoma - Know the Symptoms  
By Aveline V. Allen, Bureau of Medicine and Surgery

According to the Leukemia and Lymphoma Society, these two types of cancers are blood-related and originate in the bone marrow, for leukemia, or in lymphatic tissue, for lymphoma. The Society categorizes them as related cancers because they involve the uncontrolled growth of cells that function similarly. The onset of these diseases interferes with the body's production of healthy blood cells and can make the body unable to protect itself against infections.

"Leukemias and lymphomas can affect any age group, including children and young adults," said Lt. Cmdr. Vincent Herrin, Medical Corps, an oncologist at National Naval Medical Center, Bethesda, Md.

According to the National Cancer Institute (NCI), some of the most common symptoms for leukemia are fever, chills, other flu-like symptoms, weakness and fatigue, frequent infections, and loss of appetite and weight. The cause isn't known; however, it does occur more in males than females, and in whites more often than African-Americans.

Certain genetic conditions can increase the risk for leukemia. One such condition is Down's syndrome.

"Chronic leukemia and low-grade lymphomas can be without symptoms or cause only very vague symptoms for a long period of time," said Herrin. "Acute leukemias and higher-grade lymphomas usually come about very quickly, and can cause a totally healthy person to become quite ill in a short amount of time."

The Lymphoma Information Network reports that symptoms for lymphoma may include a lack of energy, general fatigue, weight loss, night sweats, itching, and lower back pain.

As with any disease, prevention most always involves leading a healthy lifestyle, which includes a healthful diet. Medical research reports that a growing body of evidence supports the idea that eating healthier will help people avoid or delay the onset of illness.

Both NCI and The Lymphoma Information Network say treatment for both diseases may consist of chemotherapy, radiation therapy or bone marrow transplantation.

"I would encourage everyone interested in helping leukemia and lymphoma patients to sign up at a local bone marrow drive," said Herrin. He explained that registering involves a simple blood test, and the typing information goes into a national database.

"Your contribution could ultimately save the life of someone suffering from leukemia or lymphoma," said Herrin.

If you are interested in becoming a bone marrow donor see [www.nmdp.org](http://www.nmdp.org).

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Editor's Note: September is Leukemia and Lymphoma Awareness Month.